

# Exhibit B

UNIT: ECS#103(G)

DATE COMPLETED:

**PENNSYLVANIA**  
COMMERCIAL DRIVER'S LICENSE

19 156 807

Issued 11/18/99 Birth Date 01/10/61 Expires 01/31/04

Sex F Height 5' 01" Eyes BLU


Class A Endorsements PX---

Com./Med. Restrictions B/1

31050 US HIGHWAY 322  
COCHRANTON PA 16314

EVELYN L MCKINLEY

*Evelyn L McKinley*



## PRIVACY ACT STATEMENT

Solicitation of this information is authorized by 40 U.S.C. 471 and 5 CFR Part 930 Subpart A, which require OPM to regulate Federal employees use of Government-Owned Leased motor vehicles. Executive Order 9397 authorized agencies to use the Social Security Number (SSN) and other data provided is used primarily by the National Drivers Register Service to check your driving record. Other possible uses include disclosure to former employers or law agencies to obtain additional related information. Furnishing your SSN as well as the other data is voluntary. However, failure to provide any of the data requested may result in your not being issued a U.S. Government Motor Vehicle Operator's Identification Card. When driving a motor vehicle is a prerequisite to employment, you may not be able to obtain/retain employment without such a card.

DESTROY UPON EXPIRATION

001

0001253

## Position Description

**PD#:** DE10547

**Replaces PD#:**

**Sequence#:** VARIES

### HEAVY MOBILE EQUIPMENT REPAIRER

**WG-5803-08**

**Installation:** FORT MCCOY, WI

**Major Command:** VARIES  
**Region:** NORTH CENTRAL

**Citation 1:** OPM JGS HEAVY MOBILE EQUIP MECH, 5803, JAN 91

**PD Library PD:** NO

**COREDOC PD:** NO

**Classified By:** FT. MCCOY CPO

**Classified Date:** 09/01/1998

**FLSA:** NON-EXEMPT

**Drug Test Required:** VARIES

**DCIPS PD:** NO

**Career Program:**

**Financial Disclosure Required:** NO

**Acquisition Position:** NO

**Functional Code:**

**Requires Access to Firearms:** VARIES

**Interdisciplinary:** NO

**Competitive Area:** VARIES

**Position Sensitivity:** VARIES

**Target Grade/FPL:** 08

**Competitive Level:** VARIES

**Emergency Essential:** VARIES

**Career Ladder PD:** YES

**Career Pos 1:** DE01T53 WG-5803-05

**PD Status:** VERIFIED

#### Duties:

The duties of this position require no specific leadership training.

#### MAJOR DUTIES

1. Performs maintenance, repairs and modifications on a variety of construction, industrial, combat, tactical and power generation of equipment. Equipment includes, but is not limited to, bulldozers, graders, tractors, trucks, APCs, tracked recovery vehicles, ambulances, generators and forklifts. Completes repairs by locating worn, dirty or improperly adjusted components. Replaces brakes, alternators, seals and shafts, starters, fuel pumps, wiring harnesses, sensors, water pumps and other comparable components. Cleans carburetors and distributors; makes idling adjustments; replaces and sets points and plugs; replaces wheel cylinders, mufflers, fuses, lights and voltage regulators. Completes repairs as indicated on work orders and tests to assure no further complications. May perform daily and other preventive maintenance checks and services on equipment while in the shop.

Approx. 50%

0001056

002

Encl 2

2. Performs minor bodywork, hammering out dents, welding, filing, sanding and replaces or repairs tailgates, floorboards, doors, glass components and fenders. Does touch up painting. Makes minor repairs to canvas and leather items.

Approx. 25%

3. Operates vehicles for the purpose of moving in and out of shop area and to evacuate items to support installation. Operates vehicles traveling to alternate work sites away from the shop.

Approx. 10%

4. Provides technical assistance to unit personnel on performance of operator and organizational maintenance procedures. Instruction usually provided as hands on training.

Approx. 15%

Supports the strength maintenance effort of the unit to which assigned and the USAR by responding to questions concerning the USAR and referring individuals interested in the Reserve appropriate recruiting and/or reenlistment authorities.

Performs other duties as assigned.

#### SKILLS AND KNOWLEDGE

Must have a working knowledge of how and where a variety of parts and components are installed, repaired or replaced. Must be able to interpret Technical Manuals (TMs) to make repairs in accordance with prescribed applications. Skill in the use of common hand tools and a variety of test equipment is required. Must possess a basic understanding of mechanical, electrical and hydraulic theory which applies to heavy duty equipment. Skill to replace, fit, install and make adjustments, such as performing engine tune-ups, timing distributors and adjusting brakes.

#### RESPONSIBILITY

Works under the direction of a higher graded worker, the shop foreman or leader. On routine assignments, work is performed independently. Receives assignments in the form of work orders that generally outline what repairs are needed. Obtains a variety of parts by looking up replacement information or by comparing samples. Refers problems to higher graded shop personnel. Work is subject to spot-check in progress and is inspected upon completion.

#### PHYSICAL EFFORT

May be required to work in tiring or uncomfortable positions for long periods. Work frequently requires climbing on top of equipment or crawling under equipment to work on various components. Repairer will frequently have to bend, reach, stretch and crouch. Work is strenuous, requiring the lifting and carrying of items weighing up to 40 pounds. Repairer will also push, pull and turn heavy parts and equipment. Repairer will move heavier items with assistance of other workers.

#### WORKING CONDITIONS

Works inside and outside where the incumbent is exposed to drafts, dirt, grease and vehicle fumes. Repairer is exposed to some inclement weather such as rain, snow, cold and freezing temperatures; and may be required to work in mud and wet or icy areas when outdoors. Subject to burns, scrapes, cuts, bruises, shocks and strains.

Duties of this position require the incumbent to obtain and to retain a valid State Commercial Drivers License to operate vehicle exceeding 26,000 pounds gross weight rating; vehicles with a towed unit with a weight rating of over 10,000 pounds; vehicles used to transport 15 or more

passengers; and/or any vehicle on which placards are required per 49 CFR,

Part 172, Subpart F, used to transport hazardous materials.

Working conditions have been considered in the evaluation of this position.

Title and Grade are established in accordance with standards and guides referred to in Item 4. These reference materials are available for your review in the Directorate of Human Resource Management.

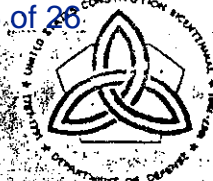
NOTE: Assignment to duties other than those described above for a period in excess of 30 days constitutes a misassignment and must be corrected immediately by submission of a Standard Form 52 to detail the employee to those duties.

**Evaluation:**

Not Listed

0001058



DEPARTMENT OF THE ARMY  
U.S. TOTAL ARMY PERSONNEL COMMAND  
ALEXANDRIA, VAReply to  
Attention of:

TAPD-PDB

25 Feb 97

ORDERS D39-1

MCKINLEY EVELYN L. SGT 169-54-6168 Det 1, 298th Trans Co,  
206 Park Ave, Oil City, PA 16301-2092

You are discharged from component shown.

Authority: AR 635-40

Effective Date: 18 Mar 97

Component: USAR

Movement Designator Code: Not Applicable

Additional instructions:

(a) You are authorized disability severance pay in grade of SGT based on 04  
Year(s), 01 Month(s), 19 Day(s) service as computed under section 1208, Title  
10, United States Code (10 USC 1208) provided you have completed at least six  
months active duty.

(b) Percentage of disability: 10

(c) Member of an armed force on 24 Sep 75: NO

(d) The disability resulted from a combat-related injury: NO

Format: 500

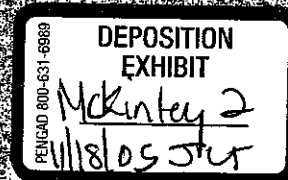
BY ORDER OF THE SECRETARY OF THE ARMY:

*L. M. Baker, DAC*L. M. BAKER  
Acting Chief, Physical  
Disability Branch

DISTRIBUTION:

CDR, Det 1, 298th Trans Co

OFFICE COPY



Federal Employee's Notice of  
Traumatic Injury and Claim for  
Continuation of Pay/Compensation

U.S. Department of Labor  
Employment Standards Administration  
Office of Workers' Compensation Programs

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SOH/REAS

2001-00282



Employee: Please complete all boxes 1 - 15 below. Do not complete shaded areas.

Witness: Complete bottom section 16.

Employing Agency (Supervisor or Compensation Specialist): Complete shaded boxes a, b, and c.

1. Name of employee (Last, First, Middle)

McKinley Evelyn L.

2. Social Security Number

169-54-6168

3. Date of birth

Mo. Day Yr.  
01/10/61

4. Sex

☐ Male ☒ Female

5. Home telephone

(814) 425-3352

6. Grade as of

date of injury Level 068 Step 05

7. Employee's home mailing address (Include city, state, and zip code)

31050 US Highway 322  
Cochran, PA. 16314

8. Dependents

☐ Wife, Husband  
☒ Children under 18 years  
☐ Other

9. Place where injury occurred (e.g. 2nd floor, Main Post Office Bldg., 12th & Pine)

ECS#103 & Bay #7 Work Area

10. Date injury occurred

Mo. Day Yr.  
04/02/01

Time

07:30 ☒ a.m. ☐ p.m.

11. Date of this notice

Mo. Day Yr.  
04/02/01

12. Employee's occupation

Heavy Mobile Equipment Repairer

13. Cause of injury (Describe what happened and why)

Replacing Batteries in a Tractor M931, when lifting pulled  
Lower back. Pain in lower Back

14. Nature of injury (Identify both the injury and the part of body, e.g., fracture of left leg)

Lower Back Pain

15. I certify, under penalty of law, that the injury described above was sustained in performance of duty as an employee of the United States Government and that it was not caused by my willful misconduct, intent to injure myself or another person, nor by my intoxication. I hereby claim medical treatment, if needed, and the following, as checked below, while disabled for work:

☐ a. Continuation of regular pay (COP) not to exceed 45 days and compensation for wage loss if disability for work continues beyond 45 days. If my claim is denied, I understand that the continuation of my regular pay shall be charged to sick or annual leave, or be deemed an overpayment within the meaning of 5 USC 5584.

☐ b. Sick and/or Annual Leave

Signature of employee or person acting on his/her behalf

Evelyn L. McKinley

Any person who knowingly makes any false statement, misrepresentation, concealment of fact, or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which that person is not entitled, is subject to felony criminal prosecution and may, under appropriate provisions, be punished by a fine or imprisonment, or both.

Have your supervisor complete the receipt attached to this form and return it to you for your records.

End of Employee Report

16. Statement of witness (Describe what you saw, heard, or know about this injury)

Name of witness

Signature of witness

Date signed

Address

City

006

State

Zip 0000838

505 POPLAR STREET  
MEADVILLE, PA 16335

Phone (814)336-6068  
Fax (814)337-0198

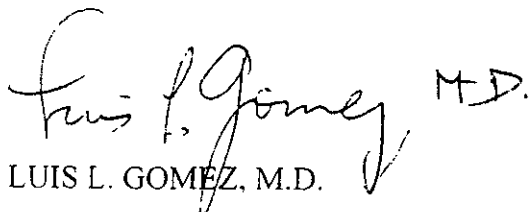
RE: EVELYN MCKINLEY  
DOB:1-10-61

TO WHOM IT MAY CONCERN:

EVELYN WAS SEEN IN THE EMERGENCY ROOM AT MEADVILLE MEDICAL CENTER ON 4-2-01 FOR BACK PAIN AFTER LIFTING BATTERIES AT WORK. SHE WAS GIVEN FLEXERIL, A MUSCLE RELAXER, AND VICODIN FOR PAIN. SHE FOLLOWED UP IN MY OFFICE ON 4-5-01 FOR MODERATE PAIN AND TENDERNESS OF LOWER BACK. I ORDERED X-RAYS WHICH SHOWED OLD FRACTURE OF SACRUM OTHERWISE NORMAL. I PRESCRIBED AN ANTIINFLAMMATORY, MUSCLE RELAXER, AND PAIN MEDICATION. EVELYN WAS RECHECKED IN MY OFFICE ON 4-16-01. BACK PAIN SLIGHTLY IMPROVED. I ORDERED AN MRI WHICH SHOWED A LARGE CENTRAL DISC HERNIATION AT L4-5 WHICH MARKEDLY DEFORMS THE ANTERIOR SURFACE OF THE THECAL SAC. IT ALSO SHOWED MINIMAL LIGAMENTUM FLAVUM HYPERTROPHY WHICH CONTRIBUTE TO SIGNIFICANT SPINAL STENOSIS AT THIS LEVEL. THE EXITING NERVE ROOTS APPEAR TO HAVE LEFT THE REGION OF THE THECAL SAC AT THE SITE OF THE HERNIATION. THE MRI ALSO SHOWED MINIMAL CENTRAL DISC HERNIATION AT THE L5-S1. I HAVE REFERRED HER TO DR. BRAIN DALTON, A NEUROSURGEON. HER APPOINTMENT IS SCHEDULED FOR MAY 22, 2001. I HAVE ADVISED HER TO STAY OFF WORK UNTIL THIS CONSULT.

ANY FURTHER QUESTIONS REGARDING THIS MATTER PLEASE CONTACT MY OFFICE.

SINCERELY,

  
LUIS L. GOMEZ, M.D.



Name Evelyn McKinleyDiagnosis Lumber strain

☐ Return to regular duty Date \_\_\_\_\_ to \_\_\_\_\_  
☒ Unable to work <sup>rest of</sup> <sub>today</sub> Date \_\_\_\_\_ to \_\_\_\_\_  
☒ Return to modified duty Date 4/3/01 to 4/9/01

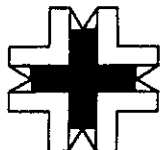
	None	Some	Frequent
Bend (at waist)	_____	<input checked="" type="checkbox"/>	_____
Squat	_____	<input checked="" type="checkbox"/>	_____
Push, Pull	_____	<input checked="" type="checkbox"/>	_____
Twist	_____	<input checked="" type="checkbox"/>	_____
Kneel, Crawl	_____	<input checked="" type="checkbox"/>	_____
Climb	_____	<input checked="" type="checkbox"/>	_____
Reach above Shoulder	_____	_____	<input checked="" type="checkbox"/>

## Capacity to lift/carry:

☐ 10 pounds maximum (sedentary)  
☒ 20 pounds maximum (light)  
☐ 50 pounds maximum (medium)  
☐ over 50 pounds (heavy)

Follow-up visit scheduled Needs to be rechecked in 1 week

Additional Comments \_\_\_\_\_

Physician's Signature C. Wagoner Date 4/12/01

**MEADVILLE MEDICAL CENTER**  
 751 Liberty Street, Meadville, PA 16335 (814)333-5000

**OCCUPATIONAL MEDICINE**  
**PHYSICAL CAPABILITIES**  
**RETURN TO WORK**

0000856

PATIENT NAME: MCKINLEY, EVELYN L  
UNIT NO: M0323112

EXAMS: 000336688 LUMBAR W/O CONT

HISTORY: back pain, inj

MRI EXAMINATION OF THE LUMBAR SPINE:

Axial and sagittal imaging with T1 and T2 sequences were obtained of the lumbosacral spine demonstrating a hemangioma in the posterior superior aspect of L1 vertebra. The remaining vertebral bodies are unremarkable with normal marrow signal throughout with normal vertebral body height and width. There is a loss of signal on the T2 sequences at the L4-5 level consistent with a desiccated disc. The remaining intervertebral disc spaces are of normal signal and normal height.

At the L3-4 intervertebral disc space there is no evidence of disc herniation or bulge. There is minimal ligamentum flavum hypertrophy resulting in a minimal amount of spinal stenosis. The articulating facets and neural foramina are normal.

The L4-5 intervertebral disc space is remarkable for a large central disc herniation which deforms the anterior aspect of the thecal sac. There is a minimal amount of ligamentum flavum hypertrophy at this level which results in spinal stenosis. The neural foramina and articulating facets at this level are normal.

The L5-S1 level is remarkable for a central disc herniation which impacts upon and minimally deforms the anterior surface of the thecal sac at this level. The articulating facets and neural foramina are normal. There is no ligamentum flavum hypertrophy at this level and no resulting spinal stenosis.

No NR

IMPRESSION:

1. MINIMAL SPINAL STENOSIS AT THE L3-4 LEVEL. NO HERNIATED OR BULGING DISC AT THIS LEVEL.
2. LARGE CENTRAL DISC HERNIATION AT THE L4-5 LEVEL WHICH MARKEDLY DEFORMS THE ANTERIOR SURFACE OF THE THECAL SAC. THERE IS ALSO MINIMAL LIGAMENTUM FLAVUM HYPERTROPHY AT THIS LEVEL. THESE FACTORS CONTRIBUTE TO A SIGNIFICANT SPINAL STENOSIS AT THIS LEVEL. THE NEURAL FORAMINA ARE UNREMARKABLE AT THIS LEVEL. THE EXITING NERVE ROOTS APPEAR TO HAVE LEFT THE REGION OF THE THECAL SAC AT THE SITE OF THE HERNIATION.
3. MINIMAL CENTRAL DISC HERNIATION AT THE L5-S1 LEVEL WITH NO EFFECT UPON THE EXITING NERVE ROOTS AT THIS LEVEL AND NO EVIDENCE OF LIGAMENTUM FLAVUM HYPERTROPHY. THERE IS NO SPINAL STENOSIS AT THE L5-S1 LEVEL.

PAGE 1

RADIOLOGY COPY

(CONTINUED)



009  
MEADVILLE MEDICAL CENTER  
MEADVILLE, PA.

MEDICAL IMAGING DEPARTMENT

NAME: MCKINLEY, EVELYN L  
PHYS: Gomez, Luis L. M.D.  
DOB: 01/10/1961 AGE: 40 SEX: F  
ACCT NO: V01557361 LOC: LRAD  
EXAM DATE: 04/27/2001 STATUS: REG CLI  
RADIOLOGY NO: 0121726

PATIENT NAME: MCKINLEY, EVELYN L  
UNIT NO: M0323112

EXAMS: 000336688 LUMBAR W/O CONT  
<Continued>

ICD CODE: 724.2

\*\* REPORT SIGNATURE ON FILE 04/27/2001  
REPORTED BY: Leon S. Serchuk, M.D.  
SIGNED BY: Serchuk, Leon S.

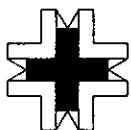
CC: Gomez, Luis L.

REPORTED BY: Leon S. Serchuk, M.D. SIGNED BY: Serchuk, Leon S.  
TRANSCRIBED DATE/TIME: 04/27/2001 (1208) TRANSCRIPTIONIST: RAD.KF1  
SIGNED DATE/TIME: 04/27/2001 (1548)  
PRINTED DATE/TIME: 04/27/2001 (1555)

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RADIOLOGY COPY

0010



MEADVILLE MEDICAL CENTER  
MEADVILLE, PA.

MEDICAL IMAGING DEPARTMENT

NAME: MCKINLEY, EVELYN L  
PHYS: Gomez, Luis L. M.D.  
DOB: 01/10/1961 AGE: 40 SEX: F  
ACCT NO: V01557361 LOC: LRAD  
EXAM DATE: 04/27/2001 STATUS: REG CLI  
RADIOLOGY NO: 0121726

TRISTATE NEUROLOGICAL SURGEONS

Modern Tool Square Building, Suite 206  
333 State Street, Erie, PA 16507  
814-459-1013

Brian E. Dalton, M.D.  
*Diplomat of the  
American Board of Neurological Surgeons*

Steven A. Gilman, M.D.  
*Diplomat of the  
American Board of Neurological Surgeons*

Daniel V. Loesch, M.D.  
*Board Eligible  
American Board of Neurological Surgeons*

May 22, 2001

Anderson Physical Therapy  
16332 Conneaut Lake Road  
Meadville, PA 16335

RE: EVELYN MC KINLEY

Dear Sirs:

Evelyn McKinley has a diagnosis of a herniated lumbar disc (722.10), at the L4-5 level. Physical therapy is medically necessary in this case.

If you need any further information, please don't hesitate to contact me.

Sincerely,

  
Brian E. Dalton, M.D.  
BED/mla

**DAVID A. VERMEIRE, M.D.**

*Board Certified in Orthopaedic Surgery  
2213 Shenango Valley Freeway  
Hermitage, PA 16148-2584  
Phone: (724) 342-6200  
Fax: (724) 981-8181*

*October 19, 2001*

*QTC Medical Group  
Bay Brook Medical Service  
1320 S. Valley Vista Drive  
Diamond Bar, CA 91765*

*RE: Evelyn McKinley  
CLAIM#: 03-0259445*

*Dear Sirs:*

*This lady is seen and examined on 10/18/01 for purposes of Independent Medical Evaluation upon request of QTC Medical Group. She complains of severe, constant pain in her lower back. She attributes these symptoms to a work-related injury which occurred on 4/2/01. On that date she was working for the Department of the Army as a heavy mobile equipment repairer and was placing 50 lb. batteries into a truck. In the process of lifting one of the batteries she experienced sudden onset of severe pain across the lower back. She was taken by her work leader to the Meadville Medical Center where she was seen and examined by an emergency room physician. She was placed on Flexeril and Vicodin and was returned to work the following day in a restricted duty position. Ms. McKinley continued to have severe pain in the lower back. On 4/5/01 she consulted Dr. Luis Gomez her family doctor who advised her to remain off work completely. He ordered X-rays of the lumbar spine, pelvis, sacrum, and coccyx. When her symptoms persisted she returned to see Dr. Gomez on 4/16/01 at which time he ordered an MRI of the lumbar spine. The MRI was performed on 4/27/01 at the Meadville Medical Center and showed evidence of a disc herniation at L4-5 with a small central disc herniation at L5-S1. Subsequently she was seen in consultation by Brian Dalton, M.D. a Neurosurgeon in Meadville, PA who examined her on 5/22/01. At that time in addition to the low-back pain, she was complaining of some paresthesias in the right foot. Dr. Dalton recommended conservative treatment and stated that surgery would be the last option. She was placed on Celebrex and Robaxin. There was a delay in receiving approval for her physical therapy treatments, but therapy was finally started on or about 8/22/01 and was continued three times a week for four weeks. At the present time Ms. McKinley is receiving no physical therapy treatments and is taking Celebrex 200 mg. daily and Robaxin 750 mg. two tablets at bedtime. She states that she continues to have constant pain in the lower back with radiation into the region of the rectum. Her pain is aggravated by any and all physical activities including prolonged standing, such as standing at the kitchen sink and doing dishes as well as any bending or lifting. She has noticed a tendency to have urinary frequency and urgency since her injury.*



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RE: Evelyn McKinley

CLAIM#: 03-0259445

October 19, 2001

*She has also had nocturia, but believes that this started prior to her injury. She has not had any recent true radicular pain into the lower extremities.*

**PAST MEDICAL HISTORY:** *1993 she had an anterior cervical fusion with autograft performed at Bethesda Naval Medical Center. The injury to her neck was sustained while serving in Saudi Arabia during Desert Storm. 1995 tubal ligation. 1995 excision of a basal cell carcinoma of the skin from the left cheek. 1995 she was found to have a heart murmur, carpal tunnel surgery bilaterally, and tennis elbow problems in the right elbow requiring Cortisone injections.*

**SOCIAL HISTORY:** *This lady has worked for the Department of the Army for a number of years. She does not smoke and drinks alcoholic beverages only on rare occasion. She denies any problems with her back prior to her injury of 4/2/01.*

**EXAMINATION:** *This 40 year old right-handed white female is 61 inches tall and weighs 150 lbs. Blood pressure is 120/70. She ambulates without difficulty. She is able to stand erect with pelvis and shoulders level. There is good alignment of her spine. She does have tenderness to palpation over the lower lumbar spine and in the paravertebral muscles bilaterally. Motion of her back reveals 60 degrees of flexion with moderate limitation in all other directions. Straight leg raising is negative bilaterally. On manual testing she appears to have good strength throughout all of the muscle groups in the lower extremities with the strength being equal bilaterally. Reflexes at the knees are 2+ bilaterally. Ankle jerks are also 2+ bilaterally.*

*Today I have had the opportunity to review the MRI of the lumbar spine performed at the Meadville Medical Center on 4/27/01. There is rather marked decrease in the signal intensity of the L4-5 intervertebral disc and there is also noted to be mild narrowing of the intervertebral disc space at L4-5. Especially noticed at L4-5 is a large disc herniation posteriorly which is paracentral slightly to the right. This causes a significant impingement on the dural sac. Also noted, there is a very small central disc herniation at L5-S1. It is also to be noted that the large disc herniation at L4-5 results in considerable spinal stenosis at that level.*

**OPINION:** *It is my opinion that Ms. Evelyn McKinley continues to suffer from a herniation of the L4-5 intervertebral disc which is paracentral slightly to the right as a direct result of her work-related injury of 4/2/01. It is my recommendation that she continue with conservative treatment consisting of physical therapy treatments. It is possible that if she does not respond to limited activities and physical therapy treatments she may require epidural injections. As a last resort she may also require partial laminectomy and discectomy at the L4-5 level. At the present time she is capable of employment only in a sedentary work capacity.*

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RE: Evelyn McKinley

CLAIM#: 03-0259445

October 19, 2001

*I trust that this information will be helpful to you.*

Sincerely,

A handwritten signature in dark ink, appearing to read "D. Vermeire M.D.", with a stylized flourish at the end.

David A. Vermeire, M.D.

DAV:jlb

**Work Capacity Evaluation  
Musculoskeletal Conditions**
**U.S. Department of Labor**  
Employment Standards Administration  
Office of Workers' Compensation Programs


Injured Worker's Name (First, middle, last)

Evelyn McKinley

OWCP No.

OMB No.: 1215-0101  
Expires: 10-31-91

Please answer the questions below concerning your patient (named above) for whom the Office of Workers' Compensation Programs (OWCP) has accepted the following conditions:

1. In many employing establishments, light duty can be made available.

a. Is there any reason that this person cannot WORK for 8 hours per workday? If so, please provide medical reasons to support your opinion. no

b. If less than 8 hours per workday, how many hours can he/she work? \_\_\_\_\_

c. Do you anticipate an increase in the number of hours per day this person will be able to work? ☐ Yes ☐ No

If yes, when will this person achieve an 8 hour workday? \_\_\_\_\_

If no, please provide medical reasons to support your opinion. \_\_\_\_\_

2. Please indicate whether this person has any LIMITATION in the activity listed and how many hours this person can perform each activity. If there are limitations in lifting, pulling and/or pushing, please provide the maximum number of pounds that can be handled by this person.

Activity	Limitation	# of Hours Able to Work	Activity	Limitation	# of Hours Able to Work	Lbs.
Sitting	<input checked="" type="checkbox"/> Yes	<u>5</u>	Pushing	<input checked="" type="checkbox"/> Yes	<u>none</u>	
Walking	<input checked="" type="checkbox"/> Yes	<u>total 3</u>	Pulling	<input checked="" type="checkbox"/> Yes	<u>none</u>	
Standing	<input checked="" type="checkbox"/> Yes		Lifting	<input checked="" type="checkbox"/> Yes	<u>5</u>	<u>10</u>
Reaching	<input checked="" type="checkbox"/> Yes		Squatting	<input checked="" type="checkbox"/> Yes	<u>none</u>	
Reaching above Shoulder	<input checked="" type="checkbox"/> Yes	<u>3</u>	Kneeling	<input checked="" type="checkbox"/> Yes	<u>none</u>	
Twisting	<input checked="" type="checkbox"/> Yes	<u>none</u>	Climbing	<input checked="" type="checkbox"/> Yes	<u>none</u>	
Operating a Motor Vehicle	<input checked="" type="checkbox"/> Yes		Breaks:			
Repetitive Movements:			Duration		Frequency	
Wrists	<input type="checkbox"/> Yes		Duration		Frequency	
Elbow	<input type="checkbox"/> Yes					

3. Are there OTHER medical facts, situational factors, equipment or devices which need to be considered in the identification of a position for this person? If so, please explain.

4. Physician's Name (Type or print)

5. Telephone

6. Signature

7. Date

10-18-01

The information requested will assist OWCP in determining eligibility to benefits and is required to obtain or retain a benefit. (5 USC 8101 et. seq.)

## Public Burden Statement

We estimate that it will take an average of 15 minutes per response to complete this information collection, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Office of Workers' Compensation Programs, U.S. Department of Labor, Room S-3229, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

DO NOT SEND THE COMPLETED FORM TO THE OFFICE SHOWN ABOVE.

Form OWCP-5c  
Rev July 1997

Evelyn McKinley  
D/B 01/10/61  
SS#: 169-54-6168  
File: 03-259445

The narrative report from David Vermeire, MD based on his second opinion examination on October 18, 2001 has been reviewed. I do concur do not \_\_\_\_\_ concur with his opinions.

If you do not concur, please explain \_\_\_\_\_

He needs to change position.  
As requested for comfort.  
Not stated with

  
BRIAN DALTON, MD

  
Date

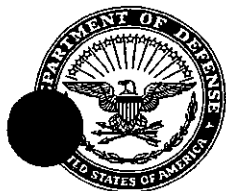
RE: Evelyn McKinley  
DOB: 01/10/61  
SS: #169-54-6168  
File #03-259445

- 1) In your medical opinion, should the current physical restrictions – sedentary – eight (8) hours per day continue indefinitely?  
Yes X No \_\_\_\_\_
- 2) Do you anticipate an eventual increase in work duties? Yes X No \_\_\_\_\_
- 3) Do you anticipate Ms. McKinley will eventually resume her full-time, full-duty, pre-injury position as a Heavy Mobile Equipment Repairer?  
Yes \_\_\_\_\_ No X (Probably never)
- 4) What is the anticipated date for maximum medical improvement?  
Date unknown
- 5) A job description of Ms. McKinley's current limited duty assignment – sedentary, is enclosed for your review. Please review and sign the enclosed job description.

  
\_\_\_\_\_  
Brian Dalton, MD

2/21/02  
\_\_\_\_\_  
Date





REPLY TO  
ATTENTION OF

DEPARTMENT OF THE ARMY  
HEADQUARTERS, FORT McCOY  
FORT McCOY, WIS/ ISIN 54656-5150

November 9, 2001



Directorate of Human Resources  
and Community Services

Evelyn L. McKinley  
Rural Route 1, Box 123T  
Utica, PA 16362

Dear Ms. McKinley:

This letter is to advise you of the availability of light duty. Your Heavy Mobile Equipment Repairer, WG-8, position has been modified to accommodate your return to duty with limited duties and physical limitations as follows:

DUTIES: You will answer incoming telephone calls taking messages and referring caller to appropriate person. You will also prepare DD Form 314s, envelopes for maintenance requests, and other documentation as required by ECS 103. You will also be responsible for filing documentation as required.

WORKING CONDITIONS: Work is performed inside in an office/shop atmosphere.

PHYSICAL REQUIREMENTS: Intermittent sitting, walking, standing, twisting. You will also be allowed to lift intermittently items weighing 10 pounds or less.

This position is available immediately working 5 days per week, 8 hrs per day. You are expected to report for work to the 99<sup>th</sup> RSC, ECS 103, Conneaut Lake, PA on November 19, 2001 at 0700 hours. Your pay will continue at \$18.84 per hour.

If you decide to accept this offer please report back to work on November 19, 2001. If your decision is to decline this offer and not report back to work please complete the enclosed declination statement and return it to this office no later than November 16, 2001. Failure to notify this office of your decision will constitute a rejection of a re-employment offer and may serve as a legal basis for OWCP to terminate compensation benefits.

A03-0259445

If you have any questions regarding your workers' compensation benefits or this job offer, please contact Sandy Olson at (608) 388-5250.

Sincerely,

*Dawn E. Pastick*

Dawn E. Pastick  
Personnel Management Specialist

Enclosure  
CF: OWCP  
99<sup>th</sup> RSC

**STATE NEUROLOGICAL SURGEONS**

Modern Tool Square Building, Suite 206  
333 State Street, Erie, PA 16507  
814-459-1013

**Brian E. Dalton, M.D.**  
*Diplomat of the*  
*American Board of Neurological Surgeons*

**Steven A. Gilman, M.D.**  
*Diplomat of the*  
*American Board of Neurological Surgeons*

**Daniel V. Loesch, M.D.**  
*Diplomat of the*  
*American Board of Neurological Surgeons*

November 29, 2001

Ms. Barbara Wolf  
Health Insurance Claims Examiner  
State Farm Mutual Insurance  
100 State Farm Place  
P.O. Box 8000  
Ballston Spa, NY 12020-8000

**RE: EVELYN MC KINLEY**

Dear Ms. Wolf:

I am writing in regard to your request for information regarding Evelyn McKinley. I don't believe that Mrs. McKinley has a permanent disability obviating her return to work.

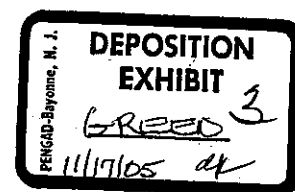
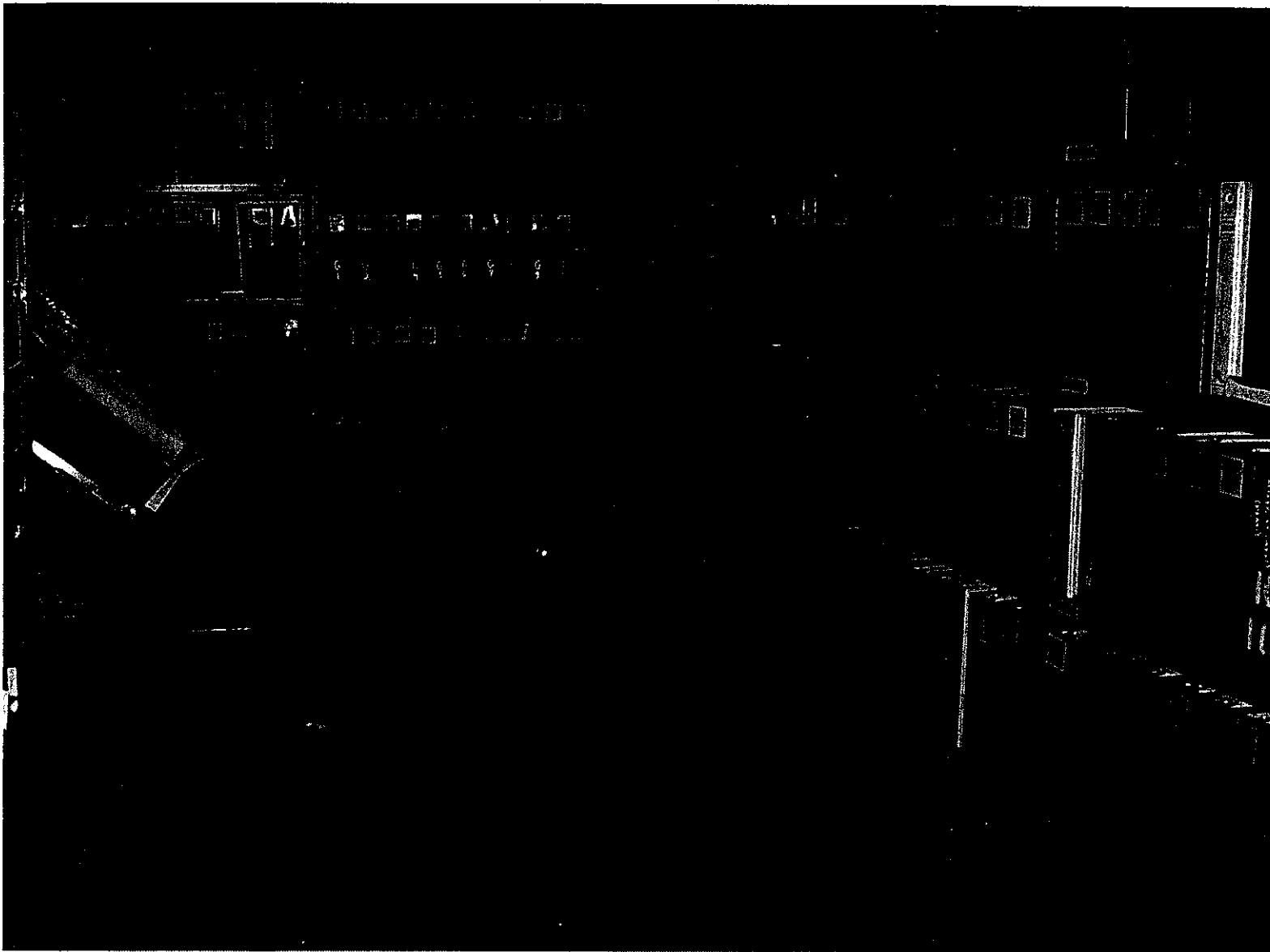
Sincerely,



Brian E. Dalton, M.D.  
BED/mla



DEPOSITION  
EXHIBIT  
GREEN *g*  
11/17/05 *dk*  
PENGAD-Bayonne, N. J.





**JOB DESCRIPTION****RE: Evelyn McKinley**

**Company Name:** Department of the Army ECS #103G  
**Address:** 6467 Mike Wood Blvd.  
 Conneaut Lake, PA 16316  
**Phone:** 814-382-2893  
**Position:** Sedentary-duty (Limited-duty assignment)  
**Contact/Title:** Albert Morrell  
**Hours and Breaks:** ½ hour lunch, 15 minute break in am & pm  
**Salary:** \$18.84 an hour

**ESSENTIAL FUNCTIONS:** Reviews and updates manuals, paints new numbers on manuals, using a can of spray paint and stencils. Other clerical work – documentation, paperwork.

**NON-ESSENTIAL FUNCTIONS:** Answer phone on wall in front of desk. (this task has been eliminated)

**ENVIRONMENT:**

**Heated Work Area:** Yes  
**Air Conditioned Work Area:** No  
**Furniture Provided:** Wide based chair with arm supports and lumbar support.  
**Equipment or Machinery:** Spray paint cans, stencils, manuals, paper, pencil  
**Floor Surface:** Cement

**REMARKS:** Manuals vary in weight, but can occasionally weigh up to and over 10 lbs. They are brought to Ms. McKinley's workstation by other employees. Employee can change positions as desired.

**Job Site Evaluation Done?** Yes X No **Date** 12/12/01

**Person Completing Analysis:** Robin Green, RN, MSN, CRRN, CCM  
**Title:** Rehabilitation Nurse  
**Date:** 12/19/01

## JOB ANALYSIS

POSITION: Sedentary-duty (Limited-duty assignment)

## PHYSICAL REQUIREMENTS

Body Movements – Amount of time spent each day:

Occasional = up to 33%

Frequent = 33 – 66%

Constant = 66 – 100%

POSITION	OCCASIONAL	FREQUENT	CONSTANT
Sitting	Can change positions		
Standing	Can change positions		
Walking	Can change positions		
Push/Pull	Moves manuals on desk		
Overhead Reach	None		
Forward Reach	X		
Crawling	None		
Trunk Twisting	None		
Squatting	None		
Kneeling	None		
Bending	X		
Crouching	None		
Stair Climbing	None		
Ladder Climbing	None		
Foot Movement	None		
Driving (type of vehicle)	None		
Lifting	Max lbs. 10#	Max lbs.	Max lbs.
Carrying	Max lbs. 10#	Max lbs.	Max lbs.

Comments

*Job is fine*

Date

*April 12*

Job Approved

*[Signature]*

Job Not Approved

**OFFICE NOTE** 11/06/2001

**RE: EVELYN MC KINLEY**


The patient follows up. She has no significant change in her symptoms. Her past medical history is unchanged per review of the patient health history form.

**DIAGNOSTICS:** Diagnostics reveal a central disc with associated annular tear at the L4-5 level. On flexion/extension, there is mild posterior subluxation at L4 and L5.

**IMPRESSION:** No significant change.

**PLAN:** Continue conservative therapy. Trial of epidural.

I filled out multiple papers today for the patient including a release to go to sedentary work.

  
\_\_\_\_\_  
Brian E. Dalton, M.D.  
BED/mla